

1076

FILL OUT ALL BLANKS.
AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained, insert word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index - - No. 306	
County <u>Pima</u>	District _____	County Registered No. _____	
Town <u>Tucson</u>	Or City _____	Local Registrar's - No. _____	
ORIGINAL CERTIFICATE OF DEATH			
No. <u>Arizona Hospital</u> St.			
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Pauline Nailon</u>			
PERSONAL AND STATISTICAL PARTICULARS			
SEX <u>Female</u>	Color or Race <u>White</u>	<input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	
DATE OF BIRTH <u>May 24 1890</u>	(Month) (Day) (Year)		
AGE <u>29</u> yrs. <u>8</u> mos. <u>24</u> days	hrs., or min.		
OCCUPATION	(a) Trade, profession or particular kind of work <u>School Teacher</u>		
(b) General nature of industry, business, or establishment in which employed or (employer) _____			
BIRTHPLACE (State or Country) <u>Tennessee</u>	16		
PARENTS			
NAME OF FATHER <u>Reubin Black</u>			
BIRTHPLACE OF FATHER (State or Country) <u>Tennessee</u>			
MAIDEN NAME OF MOTHER <u>Lydia Nailon</u>			
BIRTHPLACE OF MOTHER (State or country) <u>Tennessee</u>			
The Above is True to the Best of My Knowledge (Informant) <u>J. R. Nailon</u>			
(Address) <u>Tucson Ariz</u>			
PLACE OF BURIAL OR REMOVAL <u>Everett</u>	DATE OF BURIAL OR REMOVAL <u>Jan 17 1920</u>		
UNDERAKER <u>O. C. Parker</u>	ADDRESS <u>Tucson Ariz</u>		
MEDICAL CERTIFICATE OF DEATH			
DATE OF DEATH <u>Jan 16 1920</u>			
(Month) (Day) (Year)			
I hereby certify that I attended deceased from <u>Jan 13 1920</u> to <u>Jan 16 1920</u> ; that I last saw her alive on <u>Jan 13 1920</u> and that death occurred on the date stated above at <u>12-30 P</u> AL. The DISEASE or INJURY causing death was as follows: <u>Pyloric Cancer</u>			
(Duration) <u>17</u> yrs. <u>0</u> mos. <u>0</u> days			
Was disease contracted in Arizona? <u>Yes No</u>			
If not, where? <u>Unknown</u>			
CONTRIBUTORY <u>Acute</u>			
(Duration) <u>0</u> yrs. <u>0</u> mos. <u>3</u> days			
(Signed) <u>J. D. Dwyer</u>			
Jan 16 1920 (Address) <u>Tucson Ariz</u>			
*In death from violent causes state (1) means of injury and (2) whether Accidental, Suicidal, or Homicidal.			
LENGTH OF RESIDENCE			
At place of death yrs. <u>0</u> mos. <u>0</u> ds. In Ariz. <u>6</u> yrs. <u>6</u> mos. <u>0</u> ds.			
Former or Usual Residence <u>Tucson Ariz</u>			
Filed <u>JAN 17 1920</u>			
<u>MEAD Dwyer</u>			
FEB 10 1920			
Local Registrar.			
County Registrar.			